

Trauma Informed Care Transformation in Baltimore, Md.

NASMHPD

CENTER FOR INNOVATION
in Trauma-Informed Approaches

The Baltimore Initiative

The initial outreach to NCTIC occurred through the Office of Youth Violence - Safe Streets (OYV). OYV had a contract with DOJ OJJDP, and OJJDP recommended that they reach out to NCTIC to start addressing trauma in their grant program. A month after this initial request was received, Baltimore faced major civil unrest following the death of a civilian in police custody.

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‘B’More Kind’

To begin to plan a comprehensive response to community trauma in Baltimore, the Regional Administrator worked with NCTIC to begin the first phase of TA under the “*Be More Kind*” initiative. The vision of this TA was to help individuals, families, agencies, and systems across Baltimore City realize the widespread impact of trauma and understand potential paths for recovery; recognize the signs and symptoms of trauma in individuals; and respond by fully integrating knowledge about trauma into policies, procedures, and practices and seek to actively resist re-traumatization. Experiences and practices that support healing from trauma would be widely accessible to City residents. The “*Be More Kind*” initiative continues until the present.

Phase I

Baltimore Health Commissioner Dr. Leana Wen established TIC as a citywide priority. As a supplement to the ReCAST work and that of other trauma grants, Dr. Wen's stated goal was to have all city employees experience the TIC training so that all work emanating from City government agencies would be trauma-informed.

In 2015-2016, numerous trainings on the prevalence and impacts of trauma, as well as an introduction to trauma-informed approaches, were provided to City agency employees and provider partners in response to the civil unrest in the City. Nearly 1500 City employees and provider partner employees were trained across 78 diverse agencies including Parks and Recreation, Baltimore City Schools, the Baltimore City Police Department, and the local hospital, Bon Secours.

Phase II

Baltimore Learning Communities (LC):

Following the series of half-day introductory trainings, two one-year LCs were established to focus on implementation. Everyone in the LCs had attended at least one of the introductory half-day trainings. The LC was funded through the Mental Health Block Grant and not NCTIC, but it built squarely upon the initial TA provided by NCTIC. Within its context included SAMHSA's six principles for trauma informed environments.

Learning Community I

Behavioral Health Baltimore reached out to one of our NCTIC consultants to be the facilitator for the LC. The first cohort was recruited from various government agencies by Baltimore Health Commissioner Dr. Leana Wen. Following the kickoff, 12 organizations participated in LC 1. In addition to monthly in-person meetings, our consultant offered site visits to each agency.

Participants in LC I

- Head Start
- Baltimore Police Department
- Baltimore City Parks and Recreation
- Marian House
- Baltimore City Health Department
- HealthCare Access Maryland
- Dayspring Programs
- Mayor's Office of Human Services, Baltimore City Community Action Partnership
- Baltimore City Public Schools
- Mosaic Community Services
- The Johns Hopkins Health System d/b/a Creative Alternatives
- Mayor's Office of Information Technology, 311 operators team
- Baltimore City Department of Social Services
- Department of Human Resources
- Mayor's Office on Criminal Justice

Learning Community II

While the first LC met monthly, the second LC met face to face quarterly, and participants gave updates on their implementation work. In between the quarterly meetings, our consultant met with each organization individually to help them create a strategic plan. The third component of the LC was at least one mandatory site visit per organization, where the consultant had the opportunity to see and assess each organization's challenges and opportunities firsthand.

Train the Trainer

In addition to the LCs, a *TIC Train-the-Trainer training* was offered in January 2016 with a two-fold intent:

- To support the organizations in building capacity to provide introductory trauma-informed care trainings, and
- To deepen participants' knowledge and understanding of the concepts and enhance their capacity to implement trauma-responsive changes within their organizations.

List of Participants

- Baltimore City Public Schools
- Mayor's Office of Information Technology, 311 operators team
- Baltimore City Department of Social Services
- Baltimore Police Department
- Baltimore City Health Department
- Behavioral Health System Baltimore
- HealthCare Access Maryland
- Dayspring Programs
- Mayor's Office of Human Services, Baltimore City Community Action Partnership

- The Johns Hopkins Health System d/b/a Creative Alternatives

- Department of Human Resources
- United Way of Central Maryland
- University of Maryland, Schools of Medicine and Nursing
- The Living Well
- Echo Resource Development

List of Participants (Cont'd)

- Baltimore City Department of Recreation and Parks
- Baltimore City Public Schools
- Daysprings Programs
- HealthCare Access Maryland
- Mayor's Office on Information Technology, 311 Operators

Key Reported Outcomes

1. Personal/professional impact of TA

- A. Work differently with clients.
- B. Awareness of their own issues and behavior
- C. Better Understanding of the relationship between clients' traumatic experiences and behavior

Activities implemented and planned to address trauma

1. All respondents reported on-going training activities to spread TIA knowledge across their agencies.
2. Revision of policies/curriculums to incorporate TIC principles.
3. Targeted Committee Work.
4. Expansion of alternative therapies.
5. Plans to implement new evidence-based trauma services.
6. Plans to hire staff to a coordinator who will be dedicated to managing TIA effort.
7. Plans to add service recipients to advisory boards.

The following segments features videos from some of the providers of services in Baltimore, spearheaded by a collaborative component called *‘Healing in Community’*. The goal was to learn **from** the communities rather than teach **to** communities.

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